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DI (Official Form 1) (1/08)	טט	cument	Payer	01 40			
	States Bank hern Distri					Voluntar	y Petition
Name of Debtor (if individual, enter Last, First, I LABOMBARD, TAMARA R.	Middle):		Name of Join	nt Debtor (Spou	ise) (Last, First,	, Middle):	
All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names): None	years			•	e Joint Debtor and trade names	in the last 8 year	S
Last four digits of Soc. Sec. or Individual-Taxpay (if more than one, state all): 1162	er I.D. (ITIN) No	o./Complete EIN	Last four digit (if more than		or Individual-T	axpayer I.D. (IT	IN) No./Complete EIN
Street Address of Debtor (No. and Street, City, a 2407 SAUBER AVENUE	and State)		Street Addres	ss of Joint Debt	or (No. and Str	reet, City, and St	ate
ROCKFORD, IL		CODE 1103	_				ZIPCODE
County of Residence or of the Principal Place of Winnebago	Business:		County of Re	esidence or of the	he Principal Pla	ace of Business:	
Mailing Address of Debtor (if different from stre	et address):		Mailing Add	ress of Joint De	ebtor (if differen	nt from street ad	dress):
	ZIPC	ODE					ZIPCODE
Location of Principal Assets of Business Debtor	(if different from	street address a	nbove):				ZIPCODE
Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Filing Fee (Check one beginning from the court's consideration to pay fee except in installments. Rule 1006 Filing Fee waiver requested (applicable to chattach signed application for the court's consideration of the court's consideration for the court's consideration	(Check one box) Health Care Single Asset 11 U.S.C. § Railroad Stockbroker Commodity Clearing Bar Other T (Che Debtor is under Tit Code (the ox) able to individuals on certifying that (b). See Official	Business Real Estate as dei 101 (51B) Broker nk Cax-Exempt Entit eck box, if applica is a tax-exempt org ele 26 of the Unite e Internal Revenue s only) Must at the debtor is un Form No. 3A. lls only). Must	y ble) anization d States e Code) Checl D D Checl D Checl D OX	Chapter Chapte	the Petition 7 r 9 r 11 er 12 r 13 Natu (Che are primarily co defined in 11 U) as "incurred b ual primarily for all, family, or ho e." Chapter 11 D business as de mall business a atte noncontinge or affiliates) ar e boxes iled with this p he plan were so	S.C. by an or a pusehold puseh	one box) tetition for of a Foreign ding tetition for of a Foreign ding tetition for of a Foreign occeding Debts are primarily business debts C. § 101(51D) J.S.C. § 101(51D) obts (excluding debts 10,000) on from one or
Statistical/Administrative Information Debtor estimates that funds will be available for dist					1.6		THIS SPACE IS FOR COURT USE ONLY
Debtor estimates that, after any exempt property is distribution to unsecured creditors. Eştimated Number of Creditors	excluded and admin	istrative expenses	paid, there will be	e no runds availal	oie ior		
1-49 50-99 100-199 200-999	1000- 5000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000	
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 to \$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,001 to \$50,000 to \$100,000 \$500,000 to \$100,000 \$500,0	\$1,000,001 to \$10	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500	\$500,000,001 to \$1 billion	More than \$1 billion	

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B1 (Official Tag			44 Desc Main Page 2
Voluntary Pet (This page must be	etition Document e completed and filed in every case)	Page Zof 48 TAMARA R. LABOMBARD)
	All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)	•
Location Where Filed:	NONE	Case Number:	Date Filed:
Location Where Filed:	N.A.	Case Number:	Date Filed:
	nkruptcy Case Filed by any Spouse, Partner		·
Name of Debtor:	NONE	Case Number:	Date Filed:
District:		Relationship:	Judge:
77 1 mland 5	Exhibit A	Exhib (To be completed if del	btor is an individual
10K and 10Q) with	if debtor is required to file periodic reports (e.g., forms in the Securities and Exchange Commission pursuant to) of the Securities Exchange Act of 1934 and is requesting r 11)	whose debts are primar I, the attorney for the petitioner named in the fore the petitioner that [he or she] may proceed under States Code, and have explained the relief availal I further certify that I delivered to the debtor the r	egoing petition, declare that I have informed chapter 7, 11, 12, or 13 of title 11, United ble under each such chapter.
Exhibit A is	is attached and made a part of this petition.	X /s/ KATHLEEN A. LORENZ Signature of Attorney for Debtor(s)	ZEN 2/17/2009 Date
		ibit C	
Does the debtor own	on or have possession of any property that poses or is alleged	d to pose a threat of imminent and identifiable h	arm to public health or safety?
Yes, and E	Exhibit C is attached and made a part of this petition.		
☑ No			
(To be completed	Exh I by every individual debtor. If a joint petition is filed, each	hibit D spouse must complete and attach a separate Exl	hibit D.)
l <u> </u>	completed and signed by the debtor is attached and made a		,
If this is a joint pet	tition:		
Exhibit D	Dalso completed and signed by the joint debtor is attached a	and made a part of this petition.	
		arding the Debtor - Venue	
₫	Debtor has been domiciled or has had a residence, princip immediately preceding the date of this petition or for a lo		
	There is a bankruptcy case concerning debtor's affiliate, §	general partner, or partnership pending in this Γ	District.
	Debtor is a debtor in a foreign proceeding and has its prin or has no principal place of business or assets in the Unit court] in this District, or the interests of the parties will b	ted States but is a defendant in an action or proc	eeding [in federal or state
		ides as a Tenant of Residential Propoplicable boxes)	erty
	Landlord has a judgment for possession of debtor's resid-	•)
	(Name of	landlord that obtained judgment)	
	(Address	of landlord)	
	Debtor claims that under applicable non bankruptcy law, entire monetary default that gave rise to the judgment for		
	Debtor has included in this petition the deposit with the c period after the filing of the petition.	court of any rent that would become due during	the 30-day
	Debtor certifies that he/she has served the Landlord with	this certification. (11 U.S.C. § 362(1)).	

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Case 09-70742 Doc 1 Filed 03/03	3/09	Entered 03/03/09 14:19:44 Desc Main
B1 (Official Form 1) (1/08)		Page 3 01 48 Page 3
Voluntary Petition		Name of Debtor(s):
(This page must be completed and filed in every case)		TAMARA R. LABOMBARD
	Signat	tures
Signature(s) of Debtor(s) (Individual/Joint)		Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this pe is true and correct. [If petitioner is an individual whose debts are primarily consumer debts a has chosen to file under chapter 7] I am aware that I may proceed under	and	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign
chapter 7, 11, 12, or 13 of title 11, United States Code, understand the rel available under each such chapter, and choose to proceed under chapter 7 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342	7. the	proceeding, and that I am authorized to file this petition. (Check only one box.)
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.
X /s/ TAMARA R. LABOMBARD		Pursuant to 11 U.S.C.§ 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
Signature of Debtor		X
2-0.ma.c 0. 2-00.01		
v		(Signature of Foreign Representative)
Signature of Joint Debtor		
		(Printed Name of Foreign Representative)
Telephone Number (If not represented by attorney)		(1 filled Name of Foleign Representative)
<u>2/17/2009</u> Date		(Date)
Signature of Attorney*		C' (CNI A)
X /s/ KATHLEEN A. LORENZEN		Signature of Non-Attorney Petition Preparer
Signature of Attorney for Debtor(s)		I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer
KATHLEEN A. LORENZEN		as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices
Printed Name of Attorney for Debtor(s)		and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and,
		3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition
Firm Name		preparers, I have given the debtor notice of the maximum amount before any
1090 North 7th Street		document for filing for a debtor or accepting any fee from the debtor, as
Address		required in that section. Official Form 19 is attached.
P.O. Box 68Rochelle, IL 61068		
(015) 562 0754		Printed Name and title, if any, of Bankruptcy Petition Preparer
(815) 562-8754 Telephone Number		
2/17/2009		Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or
Date		partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the	a	
information in the schedules is incorrect.		Address
G: 4 CD 14 (G 4: /D 4 1:)		. radioss
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this p	petition	
is true and correct, and that I have been authorized to file this petition or	n	X
behalf of the debtor.		
The debtor requests relief in accordance with the chapter of title 11,		Date
United States Code, specified in this petition. X		Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
XSignature of Authorized Individual		Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
Printed Name of Authorized Individual		If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
Title of Authorized Individual		A bankruptcy petition preparer's failure to comply with the provisions of title 11
Date		and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B1 D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re TAMARA R. LABOMBARD	Case No.
Debtor(s)	(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B1 D (Official Form 1, Exh. D) (12/08) - Cont.

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□ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
 Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
 Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 Active military duty in a military combat zone.
 5. The United States trustee or bankruptcy administrator has determined that the credit
- I certify under penalty of perjury that the information provided above is true and

counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

correct.

Signature of Debtor: /s/ TAMARA R. LABOMBARD

TAMARA R. LABOMBARD

Date: ____2/17/2009

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or it part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

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Desc Main

In re	TAMARA R. LABOMBARD	Case No.	
	Debtor	(If known)	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
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(Report also on Summary of Schedules.)

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Desc Main

In re	TAMARA	R	LABOMBARD

Case No.

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		cash on hand	W	0.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses,		savings Air Force Federal Credit Union - with daughter	W	361.00
or cooperatives.		savings rock river bank - with grandson	W	150.00
		checking Amcore Bank - Rockford with spouse	J	1,000.00
		checking Rock River Bank - Rockford - with daughter	W	280.00
Security deposits with public utilities, telephone companies, landlords, and others.	X			
Household goods and furnishings, including audio, video, and computer equipment.		household goods and furnishings	J	2,000.00
Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
Wearing apparel.		clothing	W	200.00
7. Furs and jewelry.	X			
Firearms and sports, photographic, and other hobby equipment.	X			
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		American General No Cash Value	W	

Debtor

In re TAMARA R. LABOMBARD

Case No. _ (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

(Continuation Sheet)				
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) Quebcor World	W	12,464.53
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			

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se No.	
	(If known)

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 Ford Taurus 2008 Jeep Liberty	W J	500.00 18,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
	<u> </u>	0 continuation sheets attached Tot	lal	\$ 34,955.53

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In re	TAMARA R. LABOMBARD

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Case No. (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to	which	debtor	is entitled	under:
(Check one box)				

(Check one box)		

ш.	11 U.S.C. § 522(b)(2)
г Д 1	1 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
savings	735 I.L.C.S 5§12-1001(b)	361.00	361.00
savings	735 I.L.C.S 5§12-1001(b)	150.00	150.00
checking	735 I.L.C.S 5§12-1001(b)	1,000.00	1,000.00
checking	735 I.L.C.S 5§12-1001(b)	280.00	280.00
household goods and furnishings	735 I.L.C.S 5§12-1001(b)	2,000.00	2,000.00
clothing	735 I.L.C.S 5§12-1001(a)	200.00	200.00
401(k)	735 I.L.C.S 5§12-1006	5,899.53	12,464.53
1996 Ford Taurus	735 I.L.C.S 5§12-1001(c)	500.00	500.00

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B6D (Official Form 6D) (12/07)

In re _	TAMARA R. LABOMBARD	 Case No.	
	Debtor	 (If known)	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1026824816			Lien: 2008 Jeep Liberty					
Chrysler Financial P.O. Box 9001921 Louisville, KY 40290-1921							18,000.00	0.00
			VALUE \$ 20,000.00)				
ACCOUNT NO.	╛		Security: 401(k)					
Quebcor World 404 N. Wesley Mt. Morris, IL 61054			10.161.75				6,565.00	0.00
	_		VALUE \$ 12,464.53		┡			
ACCOUNT NO.			VALUE \$					
0 continuation sheets attached	•		1	Sub	otota	ı>	\$ 24,565.00	\$ 0.00
continuation sheets attached				l of th			\$ 24,565.00	\$ 0.00
			(Use only	on la	st pa	ige)	Ψ 21,505.00	Ψ 0.00

(Report also on (If applicable, reposition of Schedules) also on Statistical

(If applicable, report s) also on Statistical Summary of Certain Liabilities and Related Data.)

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B6E (Official Form 6E) (12/07)

In re_	TAMARA R. LABOMBARD	Case No.
	Debtor	(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

	Extensions of	credit in an	involuntary	case
--	---------------	--------------	-------------	------

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. \S 507(a)(3).

Wages, salaries, and commissions

Domestic Support Obligations

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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B6E (Official Form 6E) (12/07) - Cont.

T.	TAMARA R. LABOMBARD	. Case No.
	Debtor	(if known)
	Certain farmers and fishermen	
Cl	nims of certain farmers and fishermen, up to \$5,400* per farmer or fisher	man, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals	
	tims of individuals up to \$2,425* for deposits for the purchase, lease, or represented the provided. 11 U.S.C. § 507(a)(7).	ental of property or services for personal, family, or household use,
	Taxes and Certain Other Debts Owed to Governmental Units	
Та	ixes, customs duties, and penalties owing to federal, state, and local gover	rnmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Insti	tution
Govern	tims based on commitments to the FDIC, RTC, Director of the Office of the ors of the Federal Reserve System, or their predecessors or successors, to § 507 (a)(9).	
	Claims for Death or Personal Injury While Debtor Was Intoxicated	
	laims for death or personal injury resulting from the operation of a motor a drug, or another substance. 11 U.S.C. § 507(a)(10).	vehicle or vessel while the debtor was intoxicated from using
* Ama	ounts are subject to adjustment on April 1, 2010, and every three years the ment.	ereafter with respect to cases commenced on or after the date of

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B6F (Official Form 6F) (12/07)

In re _	TAMARA R. LABOMBARD	Case No	
	Debtor		(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0300-329-3689 American P.O. Box 659705 San Antonio, TX 78265-9705			Consideration: Credit card debt				1,288.17
ACCOUNT NO. 3723-597275-91000 American Express P.O. Box 0001 Los Angeles, CA 90096-8000			Consideration: Credit card debt				16,408.00
ACCOUNT NO. 5466 3200 8441 3978 Bank of America P.O. Box 15726 Wilmington, DE 19886-5726			Consideration: Credit card debt				11,066.51
ACCOUNT NO. 1150142 Camelot Radiology P.O. Box 1086 Indianapolis, IN 46206-1086			Consideration: Medical services				85.00
continuation sheets attached	\$ 28,847.68 \$						

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re	TAMARA R. LABOMBARD	,	Case No		
	Debtor			(If known)	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4266 8411 5548 6226 Chase P.O. Box 15153 Wilmington, DE 19886-5153			Consideration: Credit card debt				6,897.30
ACCOUNT NO. 1161910 Eagle Recovery Associates Inc 424 SW Washington Street, 3rd floor Peoria, IL 61602			Consideration: Medical services KSB hospital				909.83
ACCOUNT NO. 4418 4092 4739 5446 First National Bank Omaha P.O. Box 2557 Omaha, NE 68103-2557			Consideration: Credit card debt				5,524.20
ACCOUNT NO. 039-1202-280 Kohl's P.O. Box 2983 Milwaukee, WI 53201			Consideration: Credit card debt				1,116.90
ACCOUNT NO. 0125570 KSB Hospital P.O. Box 737 Dixon, IL 61021-9737			Consideration: Medical services				Notice Only
Sheet no. 1 of 2 continuation sheets atta to Schedule of Creditors Holding Unsecured	ched			Sub	tota	l >	\$ 14,448.23

Nonpriority Claims

\$

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B6F (Official Form 6F) (12/07) - Cont.

In re	TAMARA R. LABOMBARD	 Case No.	
	Debtor		(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT ORCOMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Med Choice 6905 East State Street Rockford, IL 61108							2,500.00
ACCOUNT NO. 6004 3001 0981 9984 Menards P.O. Box 17602 Baltimore, MD 21297-1602			Consideration: Credit card debt				2,356.95
ACCOUNT NO. 790803250979 Met Life P.O. Box 14590 Lexington, KY 40511-4590							Notice Only
ACCOUNT NO. 2800-197861 Wells Fargo P.O. Box 98796 Las Vegas, NV 89193-8796			Consideration: Credit card debt				9,729.02
ACCOUNT NO.							

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ➤ \$

Total ➤ \$

\$ 57,881.88

14,585.97

(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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In re	TAMARA R. LABOMBARD	Case No.	
	Debtor	(if known)	

Desc Main

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re	TAMARA R. LABOMBARD	Case No.	
	Debtor		(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Michael Worobec 2407 Sauber Avenue Rockford, IL 61103	Chrysler

Doc 1

None

In re_	TAMARA R. LABOMBARD	Case	
	Debtor	(if kn	own)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital	DEPENDENTS OF DEBTOR AND SPOUSE					
Status: Married	RELATIONSHIP(S): No dependents		AGE(S):			
Employment:	DEBTOR		SPOUSE			
Occupation						
Name of Employer						
How long employed						
Address of Employer						
INCOME: (Estimate of average	e or projected monthly income at time case filed)]	DEBTOR	SPO	OUSE	
1. Monthly gross wages, salary	, and commissions	\$	0.00	\$	0.00	
(Prorate if not paid month	nly.)	· -		-		
2. Estimated monthly overtime		\$_	0.00	\$	0.00_	
3. SUBTOTAL		\$_	0.00	\$	0.00	
4. LESS PAYROLL DEDUCT	IONS					
D 11. 1 1.		\$_	0.00	\$	0.00	
a. Payroll taxes and socialb. Insurance	security	\$_	0.00	\$	0.00	
c. Union Dues		\$_	0.00_	\$	0.00	
d. Other (Specify:) \$	0.00	\$	0.00	
5. SUBTOTAL OF PAYROLL	DEDUCTIONS	\$_	0.00	\$	0.00	
6 TOTAL NET MONTHLY	ГАКЕ НОМЕ РАҮ	\$_	0.00	. \$	0.00	
7. Regular income from operat	tion of business or profession or farm	\$_	0.00	\$	0.00	
(Attach detailed statement)						
8. Income from real property		\$ _	0.00	\$	0.00	
9. Interest and dividends		\$_	0.00	\$	0.00	
•	r support payments payable to the debtor for the	\$	0.00	\$	0.00	
debtor's use or that of deper		Ψ_	0.00	Ψ	0.00	
11. Social security or other go		\$_	1,068.00	\$	0.00	
(Specify) (D)Social Secur						
12. Pension or retirement incom		\$_	0.00	\$	0.00	
	Disability from Quebcor World	\$_	1,456.00	\$	0.00	
(Specify)			0.00	\$	0.00	
14. SUBTOTAL OF LINES 7	THROUGH 13	\$_	2,524.00	\$	0.00	
15. AVERAGE MONTHLY IN	NCOME (Add amounts shown on Lines 6 and 14)	\$_	2,524.00	\$	0.00	
	MONTHLY INCOME (Combine column totals		\$	2,524.00	-	
from line 15)		(Report also on Summa	ry of Schedules	and, if apr	licable,	
		on Statistical Summary				

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Officia l Pister ON) (12017 42 DOC 1	Document	Page 21 of 48	14:19:44	Desc Mai	ln
In re_TAMARA R. LABOMBARD		Case No			
Debtor		Cuse 110.	(if known)		
SCHEDULE J - CURREN	T EXPENDI	TURES OF INDIV	IDUAL 1	DEBTOR	R(S)
Complete this schedule by estimating the filed. Prorate any payments made biweekly, quarter calculated on this form may differ from the deduction	rly, semi-annually, or	annually to show monthly rate			
Check this box if a joint petition is filed and dalabeled "Spouse."	lebtor's spouse mainta	ains a separate household. Com	plete a separate	e schedule of ex	xpenditures
1. Rent or home mortgage payment (include lot rented	l for mobile home)			\$	943.00
a. Are real estate taxes included?	Yes1	No			7.5.00
b. Is property insurance included?	Yes1	No			
2. Utilities: a. Electricity and heating fuel	•			\$	400.00
b. Water and sewer				\$	140.00_
c. Telephone					120.00
d. Other internet, cable					90.00
3. Home maintenance (repairs and upkeep)				\$	0.00
4. Food				\$	480.00
5. Clothing				\$	50.00
6. Laundry and dry cleaning					50.00
7. Medical and dental expenses				\$	100.00_
8. Transportation (not including car payments)				\$	100.00_
9. Recreation, clubs and entertainment, newspapers, m	nagazines, etc.				100.00_
10.Charitable contributions				\$	10.00
11.Insurance (not deducted from wages or included in	home mortgage paym	nents)			
a. Homeowner's or renter's				\$	0.00_
b. Life				\$	43.00
c. Health				\$	188.00_
d.Auto				\$	71.00
e. Other				\$	0.00_
12.Taxes (not deducted from wages or included in hor	me mortgage payment	es)			
(Specify)				\$	0.00_
13. Installment payments: (In chapter 11, 12, and 13 $\ensuremath{\text{c}}$	ases, do not list paym	ents to be included in the plan)			
a. Auto				\$	419.00
b. Other				\$	0.00
c. Other				\$	0.00
14. Alimony, maintenance, and support paid to others				\$	0.00

if applicable, on the Statistical Summary of Certain Liabilities and Related Data) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME

17. Other <u>newspaper sub</u>

15. Payments for support of additional dependents not living at your home

16. Regular expenses from operation of business, profession, or farm (attach detailed statement)

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,

a. Average monthly income from Line 15 of Schedule I	\$ 2,524.00
h. Average monthly expenses from Line 18 above	\$ 3 319 00

0.00_

0.00

0.00

15.00

3,319.00

c. Monthly net income (a. minus b.)

B6 Summary (Official Form 6 - Summary) (12/07)

TAMADA D. I ADOMDADD

United States Bankruptcy Court Northern District of Illinois

In re	TAWARA R. LADOWDARD	Case N	No	
	Debtor			
		Chapte	er <u>7</u>	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE ATTACHED (YES/NO) NO. OF SHEETS ASSETS LIABILITIES OTHER				OTHER	
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	3	\$ 34,955.53		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	1		\$ 24,565.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	3		\$ 57,881.88	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,524.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,319.00
тот	TAL .	15	\$ 34,955.53	\$ 82,446.88	

Official Exemple-State Symmetry (FAMED) 03/03/09 Entered 03/03/09 14:19:44 Desc Main United States Bairr apt Cy Court Northern District of Illinois

In re	TAMARA R. LABOMBARD	Case No.	
	Debtor		
		Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount	
Domestic Support Obligations (from Schedule E)	\$	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0.00
Student Loan Obligations (from Schedule F)	\$	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0.00
TOTAL	\$	0.00

State the Following:

~ · · · · · · · · · · · · · · · · · · ·	
Average Income (from Schedule I, Line 16)	\$ 2,524.00
Average Expenses (from Schedule J, Line 18)	\$ 3,319.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 2,524.00

State the Following:

State the Lond (mg)		
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 57,881.88
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 57,881.88

Document

DECLARATION CONCERNING DEBTOR'S SCHEDULES

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TAMARA R. LABOMBARD

In re	
	Debtor

Case No. ___ (If known)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of ______ sheets, and that they are true and correct to the best of my knowledge, information, and belief. Signature: /s/ TAMARA R. LABOMBARD Date $_{-}$ 2/17/2009 Not Applicable Signature: _____ (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, Social Security No. (Required by 11 U.S.C. § 110.) of Bankruptcy Petition Preparer If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document. Address Signature of Bankruptcy Petition Preparer Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP ____ [the president or other officer or an authorized agent of the corporation or a member [corporation or partnership] named as debtor or an authorized agent of the partnership] of the ___ in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Date ___ Signature: ___ [Print or type name of individual signing on behalf of debtor.] [An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Case 09-70742 B7 (Official Form 7) (12/07)

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UNITED STATES BASISKUPTCY COURT

Northern District of Illinois

In Re	TAMARA R. LABOMBARD	Case No.	
		(if known)	

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2009 5,048.00 disability income
 2008 29,772.00 disability income

None

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

normal ordinary course of business only

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*)any payments that were made to a creditor on account of a domestic support obligation or as part of an alternativerepayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING

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None

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c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and Receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

KATHLEEN A. LORENZEN 1090 North 7th Street P.O. Box 68 Rochelle, IL 61068 2/17/09 \$1,300.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Vivian Cicchetti transferred to the Debtor a \$5,000.00 CD in 3/2008
The Debtor then cashed the CD 12/2008 and transferred the cash back to her mother, Vivian Cicchetti
Relationship: Mother

\$5,000.00 CD - this money has been transferred back to Vivian Cicchetti

12/2008

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

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NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY OR
DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

Amcore Bank Rockford, Illinois Certificate of Deposit xxxxxx0765

Closing Balance: \$5,000.00

\$5,000.00 12/9/2008

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

Rock River Bank Rockford, Illinois Tamara Lobombard

life insurance policy, birth certificates, important papers

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

	14. Property held for anoth	ner person	
None	List all property owne	d by another person that the debtor holds or c	ontrols.
	NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
None	premises which the debtor	ved within the three years immediately prece	ding the commencement of this case, list all ior to the commencement of this case. If a
	ADDRESS	NAME USED	DATES OF OCCUPANCY
	S. Ogle Avenue Morris, IL 61068	Tamara Labombard	2004 - 10/2007

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

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a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE ENVIRONMENTAL LAW

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None \boxtimes

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE **ENVIRONMENTAL** LAW

None \boxtimes

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None \boxtimes

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

ADDRESS

NATURE OF BUSINESS BEGINNING AND

ENDING DATES

Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None \boxtimes

NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

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	[If completed by an individual or individual or	and spouse]	
	I declare under penalty of perjury that I have read the thereto and that they are true and correct.	e answers contained in	he foregoing statement of financial affairs and any attachments
Date	2/17/2009	Signature	/s/ TAMARA R. LABOMBARD
Dute		of Debtor	TAMARA R. LABOMBARD
		O continuation sheets	attached
	Penalty for making a false statement: Fine	of up to \$500,000 or i	mprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571
	DECLARATION AND SIGNATURE (OF NON-ATTORNEY	BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
compens rules or	oclare under penalty of perjury that: (1) I am a banks sation and have provided the debtor with a copy of this guidelines have been promulgated pursuant to 11 U.S. yen the debtor notice of the maximum amount before pro-	ruptcy petition prepare document and the notic C. § 110 setting a max	as defined in 11 U.S.C. § 110; (2) I prepared this document for es and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if imum fee for services chargeable by bankruptcy petition preparers, I or filing for a debtor or accepting any fee from the debtor, as required
Printed of	or Typed Name and Title, if any, of Bankruptcy Petition	Preparer	Social Security No. (Required by 11 U.S.C. § 110(c).)
	akruptcy petition preparer is not an individual, state the name who signs this document.	, title (if any), address, an	d social security number of the officer, principal, responsible person, or
Address			
X			
	re of Bankruptcy Petition Preparer		Date
	and Social Security numbers of all other individuals who adividual:	prepared or assisted in	preparing this document unless the bankruptcy petition preparer is
If more	than one person prepared this document, attach addition	al signed sheets conform	ning to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines

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or imprisonment or both. 18 U.S.C. §156.

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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

	TAMARA R. LABOMBARD			
In re		(Case No.	
III IC	Debtor	_ ,	cuse 110.	Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

		_
Property No. 1		
Creditor's Name: Chrysler		Describe Property Securing Debt: 2008 Jeep Liberty
Property will be (check one):		
Surrendered	Retained	
If retaining the property, I intend to	(check at least one):	
☐ Redeem the property		
Reaffirm the debt		
		(for example, avoid lien
using 11 U.S.C. §522(f)).		
Property is (check one):		
Claimed as exempt	l ∀l N	Not claimed as exempt
Chained as exempt		tot chamica as exempt
		_
Property No. 2 (if necessary)		
Creditor's Name:		Describe Property Securing Debt:
Property will be (check one):		
Surrendered	☐ Retained	
If note in ing the mannerty. I intend to	_	
If retaining the property, I intend to Redeem the property	(cneck at least one):	
☐ Redeem the property ☐ Reaffirm the debt		
		(for example, avoid lien
using 11 U.S.C. §522(f)).		
Property is (check one):		
Claimed as exempt		Not claimed as exempt

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PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Proper	ty	
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)):
		☐ YES ☐ NO
0continuation sheets attached (if any)	
Communion sheets undered	9 (11)	
	hat the above indicates my intention as to	
Estate securing debt and/or persona	l property subject to an unexpired lease.	
Date: 2/17/2009	/s/ TAMARA R. LA	BOMBARD
	Signature of Debtor	
	Signature of Joint Debt	or

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Security number is provided above.

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Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor

this notice required by § 342(b) of the Bankruptcy Code.	
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of
X	the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social	•

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

TAMARA R. LABOMBARD	X/s/ TAMARA R. LABOMBARD17/2009				
Printed Name(s) of Debtor(s)	Signature of Debtor Date				
Case No. (if known)	X				
	Signature of Joint Debtor (if any) Date				

American P.O. Box 659705 Case 09-70742 San Antonio, TX 78265-9705

American Express Doc 12.0. 13/10/03/03/09 Los Angrocura e 1919 196 - 8 1999 29 38 of 48

Bank of America Wilmington, DE 19886-5726

Camelot Radiology P.O. Box 1086 Indianapolis, IN 46206-1086

Chase P.O. Box 15153 Wilmington, DE 19886-5153

Chrysler Financial P.O. Box 9001921 Louisville, KY 40290-1921

Eagle Recovery Associates Inc 424 SW Washington Street, 3rd floor Peoria, IL 61602

First National Bank Omaha P.O. Box 2557 Omaha, NE 68103-2557

Kohl's P.O. Box 2983 Milwaukee, WI 53201

KSB Hospital P.O. Box 737 Dixon, IL 61021-9737 Med Choice 6905 East State Street Rockford, IL 61108

Menards P.O. Box 17602 Baltimore, MD 21297-1602

Met Life P.O. Box 14590 Lexington, KY 40511-4590 Michael Worobec 2407 Sauber Avenue Rockford, IL 61103

Quebcor World 404 N. Wesley Mt. Morris, IL 61054

Wells Fargo P.O. Box 98796 Las Vegas, NV 89193-8796 Case 09-70742 Doc 1 Filed 03/03/09 Entered 03/03/09 14:19:44 Desc Main Document Page 39 of 48

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Unit

ted	States	Bankru	ptcy	Court
	Northern	District of I	llinois	

	In re TAMARA R. LABOMBARD	Case No
		Chapter7
	Debtor(s)	•
	DISCLOSURE OF COMPENSAT	ION OF ATTORNEY FOR DEBTOR
1.	and that compensation paid to me within one year before the	o), I certify that I am the attorney for the above-named debtor(s) the filing of the petition in bankruptcy, or agreed to be paid to me, for services on templation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept	\$1,300.00
	Prior to the filing of this statement I have received	\$1,300.00
	Balance Due	\$\$
2.	The source of compensation paid to me was:	
	Debtor Other (specify)	
3.	The source of compensation to be paid to me is:	
	☑ Debtor ☐ Other (specify)	
4. asso	I have not agreed to share the above-disclosed compociates of my law firm.	pensation with any other person unless they are members and
of m		eation with a other person or persons who are not members or associates the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee. I have agreed to rer	nder legal service for all aspects of the bankruptcy case, including:
	b. Preparation and filing of any petition, schedules, statement	advice to the debtor in determining whether to file a petition in bankruptcy; ents of affairs and plan which may be required; and confirmation hearing, and any adjourned hearings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee of	does not include the following services:
		CERTIFICATION
	I certify that the foregoing is a complete statement debtor(s) in the bankruptcy proceeding.	of any agreement or arrangement for payment to me for representation of the
	2/17/2009	/s/ KATHLEEN A. LORENZEN
		Signature of Attorney
		,
		Name of law firm

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	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re TAMARA R. LABOMBARD	☐ The presumption arises.
Debtor(s)	☐ The presumption does not arise.
Case Number:	☐ The presumption is temporarily inapplicable.
(If Impure)	

CHAPTER 7 STATEMENT OF CURRENT MONTHLY I NCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

applies	, each joint filer must complete a separate statement.
	Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS
1A	If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
10	Reservists and National Guard Members: active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard a. User lamper l

	Par	t II. CALCULATION OF MOI	NTHLY IN	ICOM	E FOR § 707	(b)(7	7) EX	XCLUS	101	V
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as									ted.
	a. 🔲 l	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	penalty living a	Married, not filing jointly, with declaration of perjury: "My spouse and I are legally part other than for the purpose of evadinete only Column A ("Debtor's Income	separated ur ng the require	nder app ements c	olicable non-bankru	ptcy la	w or r	ny spous	e and	
2	c. 🗹 Colum	Married, not filing jointly, without the denn A ("Debtor's Income") and Column	in Line 11.	2.b a	bove. Co	mple	ete both			
		Married, filing jointly. Complete both C es 3-11.	Column A ("D	Debtor's	s Income") and C	olumn	В ("\$	Spouse's	Inc	ome")
	six cale before	res must reflect average monthly income endar months prior to filing the bankrupt the filing. If the amount of monthly inco the six-month total by six, and enter the	cy case, endir me varied dur	ng on the	e last day of the m six months, you m	onth	De	lumn A ebtor's ncome	s	olumn B pouse's ncome
3	Gross	wages, salary, tips, bonuses, overtir	ne, commiss	ions.			\$	0.00	\$	0.00
4	I ncome from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.									
	a.	Gross receipts		\$	С	.00				
	b.	Ordinary and necessary business exp	enses	\$	C	.00				
	C.	Business income		Subtra	ct Line b from Line	а	\$	0.00	\$	0.00
5	differe	and other real property income. Subtance in the appropriate column(s) of Line clude any part of the operating expense.	Do not ent	ter a nui	mber less than zero					
	a.	Gross receipts		\$	C	.00				
	b.	Ordinary and necessary operating ex	penses	\$	C	.00				
	C.	Rent and other real property income		Subtra	ct Line b from Line	а	\$	0.00	\$	0.00
6	Intere	st, dividends and royalties.					\$	0.00	\$	0.00
7	Pensio	n and retirement income.					\$	0.00	\$	0.00
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. \$ 0.00 \$						0.00			
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in									
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$0.00								\$	0.00

10	Income from all other sources. Specify source and amount. If necess sources on a separate page. Do not include alimony or separate main paid by your spouse if Column B is completed, but include all other alimony or separate maintenance. Do not include any benefits receiv Security Act or payments received as a victim of a war crime, crime again victim of international or domestic terrorism.	tenance payments payments of ed under the Social				
	a. SS Disability	\$ 1,068.00				
	b. Disability through work	\$ 1,456.00				
	Total and enter on Line 10		\$ 2,524	.00	\$ 0.00	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 th Column A, and, if Column B is completed, add Lines 3 through 10 in Columtotal(s).	\$ 2,524		\$ 0.00		
12	Total Current Monthly I ncome for § 707(b)(7). If Column B has bee Line 11, Column A to Line 11, Column B, and enter the total. If Column B completed, enter the amount from Line 11, Column A.		\$		2,524.00	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the arnumber 12 and enter the result.	mount from Line 12 b	y the	\$	30,288.00	
14	Applicable median family income. Enter the median family income for household size. (This information is available by family size at www.usdoj the bankruptcy court.) a. Enter debtor's state of residence: Illinois b. Enter debtor's		e clerk of	\$	45,604.00	
	Application of Section 707(b)(7). Check the applicable box and proce	eed as directed.		•		
15	The amount on Line 13 is less than or equal to the amount or not arise" box at the top of page 1 of this statement, and complete F					
	The amount on Line 13 is more than the amount on Line 14.	Complete the remain	ning parts	of th	is statement.	

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.	\$	N.A.				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a. \$ b. \$ c. \$. I					
	Total and enter on Line 17.	\$	N.A.				
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	N.A.				
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
19A	National Standards: food, clothing and items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$	N.A.				

19B	Out-of for per clerk o under years o Line 14 enter t 65 and	nal Standards: health care-Pocket Health Care for persons 65 years of age or old if the bankruptcy court.) Er 65 years of age, and enter it or older. (The total number 4b). Multiply line a1 by Line the result in Line c1. Multiply lolder, and enter the result iter the result in Line 19B.	sons under 65 yeer. (This informater in Line b1 the number of household me b1 to obtain a toy Line a2 by Line a2 by Line	ears of ation is a number of the ambers of t	age, and in Lir available at we per of members of members of must be the s nount for hous obtain a total	ne a2 the IRS Nat www.usdoj.gov/us s of your household v your household v same as the numl ehold members u amount for house	ional Standards t/ or from the old who are who are 65 per stated in inder 65, and ehold members	1	
	Hous	sehold members under 65	years of age	Hous	ehold memb	ers 65 years of	age or older		
	a1.	Allowance per member	N.A.	a2.	Allowance p	per member	N.A.		
	b1.	Number of members	N.A.	b2.	Number of	members			
	c1.	Subtotal	N.A.	c2.	Subtotal		N.A.	\$	N.A.
20A	IRS Ho	Standards: housing and Utilities Standard This information is available	ls; non-mortgage	e exper	nses for the ap	plicable county a	nd household	\$	N.A.
20B	the am househ court); as stat amount a. b.	Standards: housing armount of the IRS Housing an hold size (this information is enter on Line b the total of the din Line 42; subtract Line and IES than zero. IRS Housing and Utilities Standards Monthly Payment your home, if any, as state	d Utilities Standa available at www. the Average Mo b from Line a ar andards; mortga for any debts sed and Line 42	nrds; m w.usdo nthly P nd ente ge/ren	ortgage/rent of j.gov/ust/ or f ayments for a r the result in tal expense	expense for your rom the clerk of the clerk	county and he bankruptcy by your home, it enter an N.A. N.A.		N
	c. Net mortgage/rental expense Subtract Line b from Line a					\$	N.A.		
21	out in the IRS	Standards: housing ar Lines 20A and 20B does not S Housing and Utilities Stand d, and state the basis for yo	accurately comp dards, enter any	oute the	e allowance to onal amount to	which you are er	ntitled under	\$	N.A.
22A	You ar operat Check exper 0 If you Trans IRS Lo	Standards: transporta e entitled to an expense allo ing a vehicle and regardless the number of vehicles for uses are included as a contri 1 2 or more. I checked 0, enter on Line 2 portation. If you checked 1 ocal Standards: Transportat politan Statistical Area or Co m the clerk of the bankrupt	owance in this ca of whether you which you pay the bution to your ho 2A the "Public Tr or 2 or more, er ion for the applicensus Region. (T	tegory use pu ne oper ouseho ansporater on table ni	regardless of blic transporta rating expense Id expenses in "tation" amoun Line 22A the " umber of vehice	whether you pay ation. es or for which the Line 8. at from IRS Local Operating Costs" cles in the applica	the expenses of e operating Standards: amount from ble	\$	N.A.
			tion, addition	al nu	hlic transpo	ortation expen	se.		
22B	If you that yo 22B th	Standards: transporta pay the operating expenses ou are entitled to an addition e "Public Transportation" an ole at www.usdoj.gov/ust/ o	for a vehicle and nal deduction for nount from IRS L	d also u your p ocal St	use public tranublic tranublic transportant	sportation, and y tation expenses, on asportation. (This	ou contend enter on Line	\$	

C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. S	23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 N.A.						
only if you checked the '2 or more' Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b for Line a and enter the result in Line 24. Do not enter an amount less than zero. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b from Line a death of Line 42: b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42: c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a SN.A. Other Necessary Expenses: taxes, Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: Involuntary deductions for employment. Enter the total average monthly apyroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you actually our actually expend for education that is a condition of employment on for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other education payments. Other Necessar		c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line	a. \$		N.A.			
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication servi	24	only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2,						
for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401 (k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expense		c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Lin	ne a.	\$	N.A.			
average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. N.A. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessa	25	for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self em-						
actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. * N.A. Tatal Eventses Allowed under DS Standards. Established Line 40 though the page of the pag	26	average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as						
you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 198. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* Texts Supersease Allowed winder DS Stendender	27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for						
mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. N.A.	28	you are required to pay pursuant to court order or administrative agency, such as spousal or child						
expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* N.A.* **N.A.* **Tatal Expenses Allowed upden LDS Standards Expendence Expenses to the tatal of lines 100 there are an account to the page. The tatal of lines 100 there are an account to the page. The tatal of lines 100 there are a line and the page. The tatal of lines 100 there are a line and the page. The tatal of lines 100 there are a line and the page. The tatal of lines 100 there are a line and the	29	mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or						
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. **N.A.* N.A.*	30	expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other						
amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. N.A.	31	actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings						
Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 \$ N.A.	32	amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any						
	33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32		\$	N.A.			

		Subpart B: Additional Expense Deduction Note: Do not include any expenses that you ha		2.	
	Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
	a.	Health Insurance	\$ N.A.		
	b.	Disability Insurance	\$ N.A.		
34	C.	Health Savings Account	\$ N.A.	.	NI A
		al and enter on Line 34. you do not actually expend this total amount, state your actual	average expenditures in the	\$	N.A.
	spa \$	ce below: N.A.			
35	averag suppor	nued contributions to the care of household or family re actual monthly expenses that you will continue to pay for the reas t of an elderly, chronically ill, or disabled member of your household who is unable to pay for such expenses.	onable and necessary care and	\$	N.A.
36	expens Preven	ction against family violence. Enter the total average reasonages that you actually incurred to maintain the safety of your family untion and Services Act or other applicable federal law. The nature of the tonfidential by the court.	nder the Family Violence	\$	N.A.
37	IRS Lo	e energy costs Enter the total average monthly amount, in excess cal Standards for Housing and Utilities that you actually expend for hale your case trustee with documentation of your actual expenses that the additional amount claimed is reasonable and	nome energy costs. You must ses, and you must	\$	N.A.
38	expens element provid	ation expenses for dependent children less than 18. Entities that you actually incur, not to exceed \$137.50 per child, for atternatory or secondary school by your dependent children less than 18 your case trustee with documentation of your actual expendence amount claimed is reasonable and necessary and not alreadards.	ndance at a private or public ears of age. You must ses and you must explain	\$	N.A.
39	food ar in the l availab	ional food and clothing expense. Enter the total average mond clothing expenses exceed the combined allowances for food and clothing expenses exceed the combined allowances for food and clothing expenses exceed the combined allowances for food and clothing expenses. It is a support to the clothing expenses and clothing expenses and clothing expenses. It is a support to the clothing expenses are combined and clothing expenses. It is a support to the clothing expenses are combined and clothing expenses. Enter the total average mond clothing expenses exceed the combined allowances for food and clothing expenses. Enter the total average mond clothing expenses exceed the combined allowances for food and clothing expenses. Enter the total average mond clothing expenses exceed the combined allowances for food and clothing expenses. It is a support of the clothing expenses exceed the combined allowances for food and clothing expenses. It is a support of the clothing expenses exceed the clothing e	lothing (apparel and services) nces. (This information is	\$	N.A.
40		nued charitable contributions. Enter the amount that you was mof cash or financial instruments to a charitable organization as detailed.		\$	N.A.
41	Total	Additional Expense Deductions under § 707(b). Enter the	e total of Lines 34 through 40.	\$	N.A.

		Subpa	art C: Deductions for De	ebt P	ayment			
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.							
42		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$		☐ yes ☐no		
	b.			\$		☐ yes ☐ no		
	C.			\$		□ yes □no		
					al: Add Line and c		\$	N.A.
	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
43		Name of Creditor	Property Securing the Debt		1/60th of th	e Cure Amount		
	a.				\$			
	b.				\$			
	C.				\$			
							\$	N.A.
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$	N.A.	
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
	a.	Projected average monthly Chapter 13 plan payment.			\$	N.A.		
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				x	N.A.		
	C. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b						\$	N.A.
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	N.A.	
		•	rt D: Total Deductions f				Ψ	1 1.2 1.
47	Tot	al of all deductions allowed				, 41, and 46.	\$	N.A.

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	N.A.				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 7	707(b)(2))	\$	N.A.				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a result.	nd enter the	\$	N.A.				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 5 number 60 and enter the result.	0 by the	\$	N.A.				
	Initial presumption determination. Check the applicable box and proceed as direct	ed.						
	The amount on Line 51 is less than \$6,575. Check the box for "The presumpt page 1 of this statement, and complete the verification in Part VIII. Do not complete the The amount set forth on Line 51 is more than \$10,950. Check the "Presum"	e remainder of P	art VI.	.				
52	page 1 of this statement, and complete the verification in Part VIII. You may also comp the remainder of Part VI.							
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. VI (Lines 53 through 55).	Complete the re	emainder	of Part				
53	Enter the amount of your total non-priority unsecured debt		\$	N.A.				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0. enter	25 and	\$	N.A.				
	Secondary presumption determination. Check the applicable box and proceed as	directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box not arise" at the top of page 1 of this statement, and complete the verification in Part VI☐ The amount on Line 51 is equal to or greater than the amount on Line presumption arises" at the top of page 1 of this statement, and complete the verification complete Part VII.	II. 54. Check the b	oox for "T	he				
	Part VII: ADDITIONAL EXPENSE CLAIMS	5						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
56	Expense Description	Monthly Amount						
30	a.	\$	N.A.					
	b.	\$	N.A.	_				
	C.	\$	N.A.	_				
	Total: Add Lines a, b and c		N.A.					
	Part VIII: VERIFICATION							
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)								
57	Date: 2/17/2009 Signature: /s/ TAMARA R. LABOME	SARD						
37	Date: Signature:(Joint Debtor, if any)							
	Court Debtor, it alig)							

Income Month 1			Income Month 2		
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0.00
Income from business	0.00	0.00	Income from business	0.00	0.00
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.00
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.00
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.00
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.00
Unemployment	0.00	0.00	Unemployment	0.00	0.00
Other Income	2,524.00	0.00	Other Income	2,524.00	0.00
Income Month 3			Income Month 4		
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0.00
Income from business	0.00	0.00	Income from business	0.00	0.00
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.00
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.00
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.00
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.00
Unemployment	0.00	0.00	Unemployment	0.00	0.00
Other Income	2,524.00	0.00	Other Income	2,524.00	0.00
Income Month 5			Income Month 6		
Gross wages, salary, tips	0.00	0.00	Gross wages, salary, tips	0.00	0.00
Income from business	0.00	0.00	Income from business	0.00	0.00
Rents and real property income	0.00	0.00	Rents and real property income	0.00	0.0
Interest, dividends	0.00	0.00	Interest, dividends	0.00	0.00
Pension, retirement	0.00	0.00	Pension, retirement	0.00	0.00
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	0.00
Unemployment	0.00	0.00	Unemployment	0.00	0.00
Other Income	2,524.00	0.00	Other Income	2,524.00	0.00

Additional Items as Designated, if any

Remarks